

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

8499

PLACE OF DEATH

County Stoddard Registration District No. 840
 Township Duck Creek Primary Registration District No. 6102
 City Puxie Mo R1 (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 17

2. FULL NAME Dana Maple

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25 = 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

✓ ✓ ✓ 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mo 1
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph Maple

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo 1
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lillia Ramsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo 1
 (STATE OR COUNTRY)

14. INFORMANT Joseph Harley Maple
 (Address)

15. FILED 2/26 1931 E L Hope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1931 to Feb 25, 1931, that I last saw her alive on Feb 25, 1931, and that death occurred, on the date stated above, at 4:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulation during birth
Mo 1 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mo 1 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E L Edmond, M. D.

2/26 1931 (Address) Puxie Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Duck Creek Cemetery DATE OF BURIAL 2-26 1931

20. UNDERTAKER Hickman & Sons ADDRESS Puxie Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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